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**IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER**

TO: U.S. Patent and Trademark Office
Examiner: Robert Trong Dang
Art Unit: 2838

DATE: June 7, 2006**FROM:** Lawrence J. McClure**TIME:****TOTAL NO. OF PAGES, INCLUDING COVER:**

14

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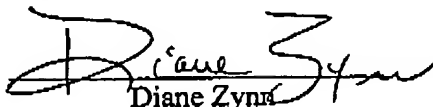
MESSAGE:**Patent Application No.: 10/766,532; Our Ref. 81880.0113**

I hereby certify that the following documents:

☒ Amendment/Amendment Transmittal Letter

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

June 7, 2006
Date of Deposit


Diane Zynn

TELECOPY/FAX NUMBER:	(571) 273-8300 ART UNIT 2838
CLIENT NUMBER:	81880.0113
ATTORNEY BILLING NUMBER:	1966
CONFIRMATION NUMBER:	(return fax to Diane Zynn)

FORM PT-1083

81880.0113

Patent Application No. 10/766,532

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

Tsunehiko Nakamura

Serial No: 10/766,532

Confirmation No.: 2226

Filed: January 28, 2004

For: ELECTROSTATIC CHUCK

Art Unit: 2838

Examiner: Robert Trong Dang

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I hereby certify that this correspondence is being transmitted via facsimile to (571) 273-8300:
Commissioner for Patents
P.O. Box 1450
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June 7, 2006

Date of Deposit

Diane Zynn

Name

06/07/06

Signature

Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20	0	LG=\$50 SM=\$25	\$0
INDEPENDENT CLAIMS FEE	1	-	3	0	LG=\$200 SM=\$100	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS	\$0
Independent Claims 1						TOTAL
						\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge the fee of \$___ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☐ Please charge the fee of \$___ for the extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,
HOGAN & HARTSON LLP

By:

Lawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Date: June 7, 2006

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Appl. No. 10/766,532
Amdt. Dated June 7, 2006
Reply to Office Action of March 7, 2006

Attorney Docket No. 81880.0113
Customer No.: 26021

JUN 07 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Tsunehiko Nakamura

Serial No: 10/766,532

Confirmation No.: 2226

Filed: January 28, 2004

For: ELECTROSTATIC CHUCK

Art Unit: 2838

Examiner: Robert Trong
DangAMENDMENT

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated March 7, 2006, please amend the
above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

I hereby certify that this correspondence
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(571) 273-8300:
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P.O. Box 1450
Alexandria, VA 22313-1450 on

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